

MDA Verification Report

Exclusively Prepared for:

Jane Smith

We respect all dentists proposed treatment; however, we advocate for your well-being and desire clarity for your dental needs. We believe you should understand what dental work is critically necessary to confidently move forward with treatment.



Jane Smith,

Thank you for entrusting us with your dental concerns. Below you will find your customized breakdown of relevant concerns, dental findings and expert assessment. Also, refer to the glossary of common dental terms, relevant charts and tooth diagrams at the end of the report to use for clarification, if necessary. Finally, should you have any additional questions or concerns after reading your MDA Verification Report, please reply to this email, and we'll respond as soon as possible.

Evaluation

According to the questionnaire, you're 36 years old with no history of smoking, currently not in pain and inquiring about a chipped #4 premolar tooth on the upper right side of your mouth. Also, you regularly brush, floss and routinely visit the dentist. Recently, you visited a new dentist who recommended an all-ceramic crown for tooth #4 because of a missing MO (mesio-occlusal) 2-surface filling. Based on your comments, you disagreed with his proposed treatment plan and desired a replacement filling instead. Also, the previous filling had lasted over 20 years.

Findings

According to the x-rays and intra-oral photos you uploaded in the questionnaire, your upper right premolar (tooth #4) is missing an MO filling. It does not appear to have any decay, and there's adequate healthy tooth structure between the lost filling and nerve tissue. Also, you have excellent bone support around the upper teeth (#3, 4, 5) and the lower teeth (#28, 29 and 30). The occlusal composite filling on tooth #30 appears healthy, along with the MO composite filling on tooth #31. No other findings were noted.

Assessment

As previously discussed, the dentist recommended an all-ceramic crown for tooth #4. Based on your information, I disagree with his proposed treatment plan and would recommend a MO 2-surface composite filling instead. My reasoning for this includes minimal missing tooth structure, quality enamel for superior bonding, limited bite force with the opposing tooth #29 and healthy remaining tooth structure. Also, keep in mind that if the subsequent filling fails in the future, you can still proceed to a full-coverage crown if needed. Lastly, placing a crown on a tooth increases the likelihood of persistent sensitivity, misaligned bite and root canal treatment.

Resources

Overall, it appears you have great brushing and flossing habits; however, I did notice moderate gum recession on teeth #3, 4 and 5. This can occur for a variety of reasons; however, the most common is aggressive brushing. Below you will find links to products that prevent further gum recession and limit generalized tooth sensitivity.

[Best Extra Soft Manual Toothbrush](#)

[Best Sensitivity Toothpaste](#)

[Education-Fillings](#)

Also, be sure to check out our [product reviews](#), [education resources](#) and [blog posts](#) to further understand your dental concerns.

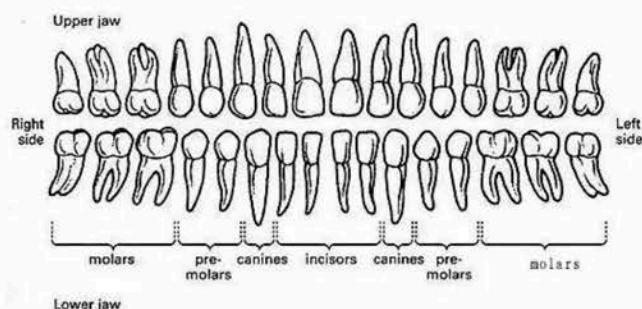
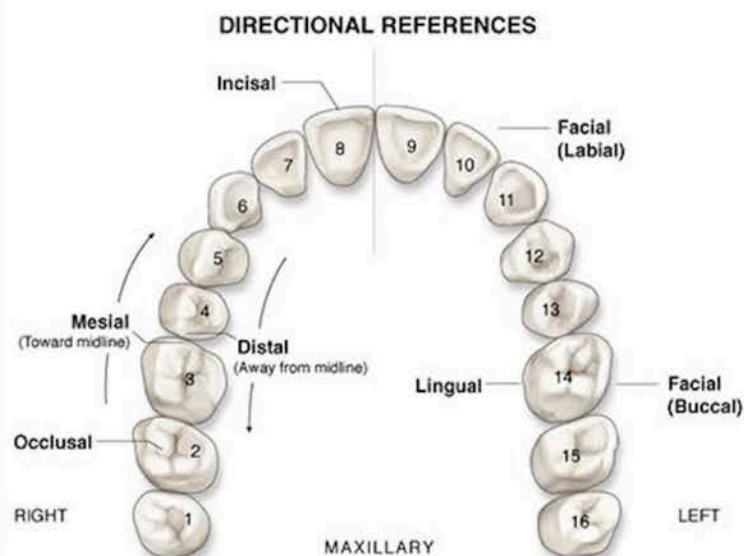
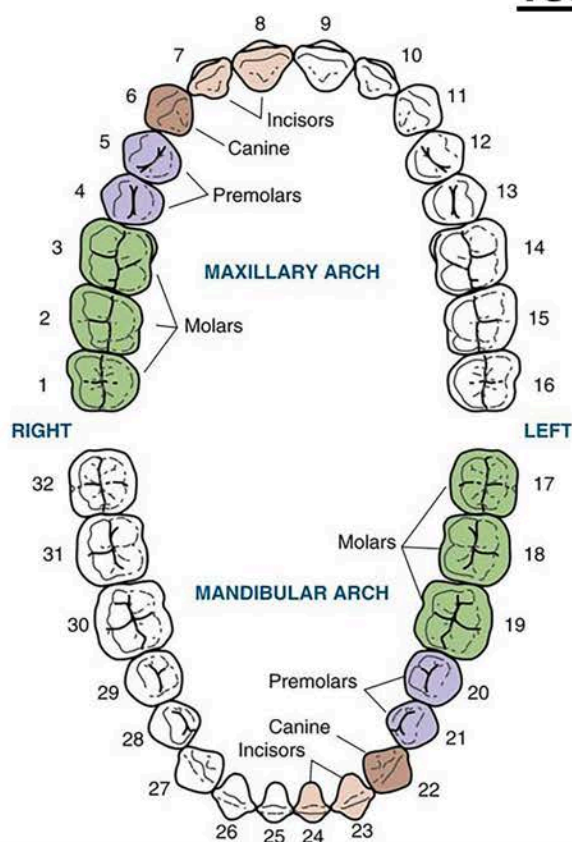
Best Regards,



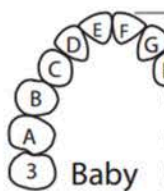
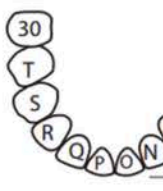
Dr. Advocate

Thank you again for entrusting us with your dental concerns. The following section of this report will provide you with a glossary of common dental terms, relevant charts, and tooth diagrams to help you better understand our assessment. If you need of a new toothbrush, water flosser, floss, toothpaste or other dental products use [BURST](#) code **UF4JEC** for 45% off and [Colgate](#) code **XE994G** for 30% off.

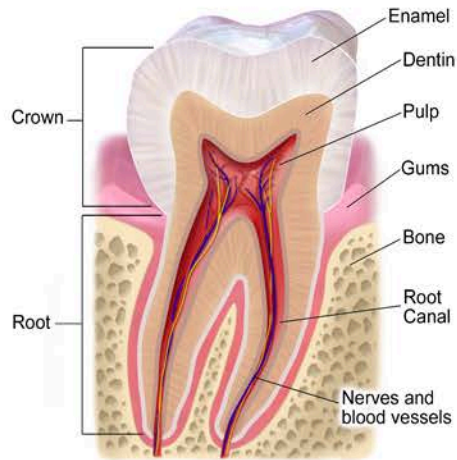
Teeth Charting



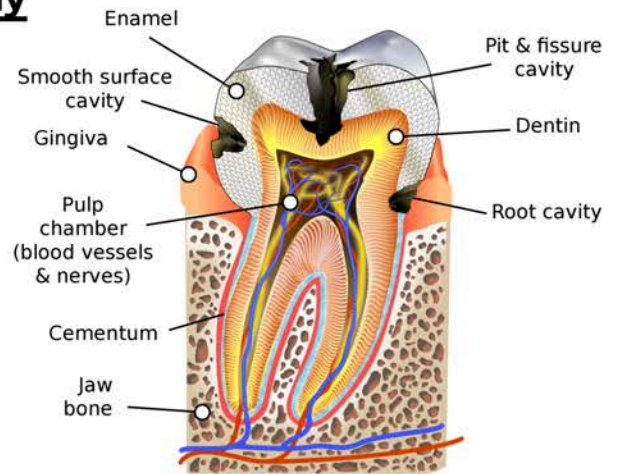
Primary Teeth

| | | Erupt | Shed | Upper Teeth |
|---|---|-----------|-----------|--------------------|
|  | D | 8-12 mos | 6-7 yrs | Central Incisor |
| | E | 9-13 mos | 7-8 yrs | Lateral Incisor |
| | F | 16-22 mos | 10-12 yrs | Canine (Cuspid) |
| | G | 13-19 mos | 9-12 yrs | First Molar |
| | H | 25-33 mos | 10-12 yrs | Second Molar |
| Baby | | 6-7 yrs | Permanent | First (6-yr) Molar |
| | | | | |
| | | Erupt | Shed | Lower Teeth |
|  | I | 6-7 yrs | Permanent | First (6-yr) Molar |
| | J | 23-31 mos | 10-12 yrs | Second Molar |
| | K | 14-18 mos | 9-11 yrs | First Molar |
| | L | 17-23 mos | 9-12 yrs | Canine (Cuspid) |
| | M | 10-16 mos | 7-8 yrs | Lateral Incisor |
| | | 6-10 mos | 6-7 yrs | Central Incisor |

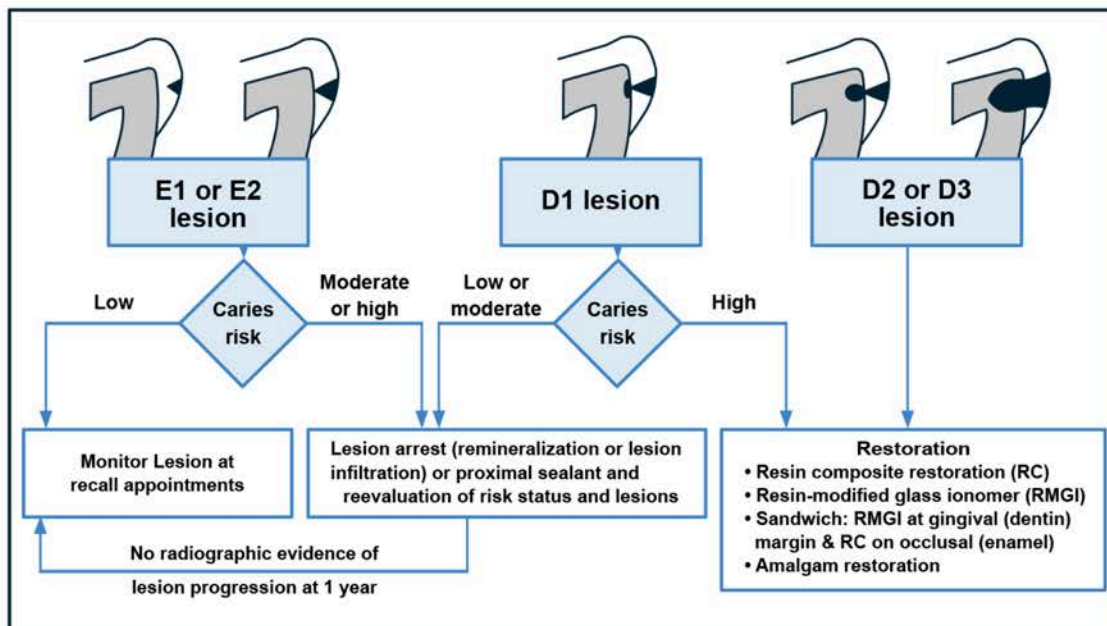
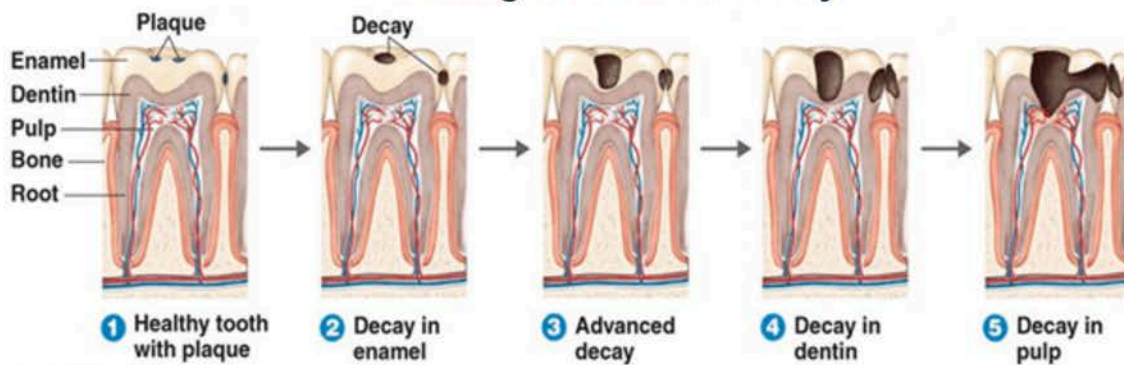
Tooth Decay



Tooth Anatomy

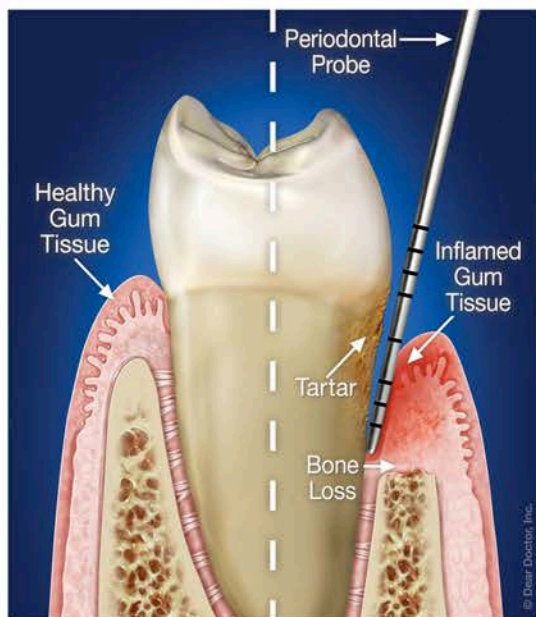


The Stages of Tooth Decay








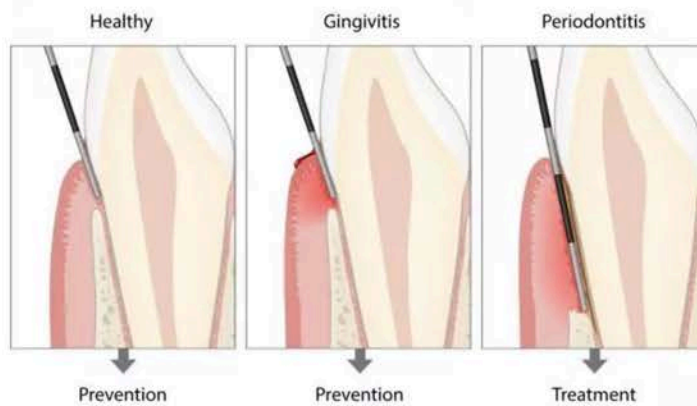
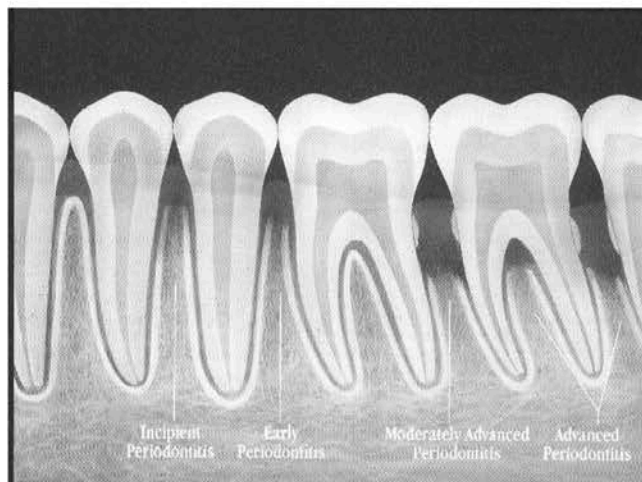
Hilton, *Summitt's of Operative Dentistry: A Contemporary Approach, 4th Edition.*

Gum Disease



Progression of Gum Disease

| Healthy Teeth and Gums | Gingivitis | Early Periodontitis | Moderate Periodontitis | Advanced Periodontitis |
|---|---|---|---|---|
|  |  |  |  |  |
| Pink gums | Red swollen gums | Red swollen gums | Red swollen gums | Red swollen gums |
| No bleeding gums with flossing and brushing | Bleeding gums with flossing and brushing | Bleeding gums with flossing and brushing | Bleeding gums with flossing and brushing | Bleeding gums with flossing and brushing |
| Fresh breath | Possible bad breath or taste | Persistent bad breath or taste | Persistent bad breath or taste | Persistent bad breath or taste |
| No bone loss | No bone loss | Slight bone loss | Moderate bone loss | Severe bone loss |
| No tooth mobility | No tooth mobility | Possible tooth mobility | Tooth mobility and root exposure | Severe tooth mobility and root exposure |
| | | | | Possible tooth loss |



Knowledge is Power! Educational resources are essential to better understand how to manage dental issues. Dental problems can be inconvenient and challenging to deal with; however, some problems are preventable. We hope is that these resources supplement your current knowledge and empower you to improve your oral health.

[Glossary of Common Dental Terms](#)